



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4954

|                             |                                   |              |                        |                                     |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/613,185 | FILING DATE<br>07/03/2003<br>RULE | CLASS<br>221 | GROUP ART UNIT<br>3653 | ATTORNEY<br>DOCKET NO.<br>KEB-32045 |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|

## APPLICANTS

Gerald J. Keberlein, Hortonville, WI;

## \*\* CONTINUING DATA \*\*\*\*

This appln claims benefit of 60/442,218 01/24/2003

*Yes*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

*1/4*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/03/2003

| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>WI | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>22 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Verified and<br>Acknowledged<br><i>AC</i>                      | Examiner's Signature<br><i>AC</i> Initials   |                           |                        |                       |                            |

## ADDRESS

022202  
 WHYTE HIRSCHBOECK DUDEK S C  
 555 EAST WELLS STREET  
 SUITE 1900  
 MILWAUKEE , WI  
 53202

## TITLE

In-line windowed facial tissue carton

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>393 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------|---|---|